

MICROBIOLOGY

RUSH UNIVERSITY MEDICAL CENTER
RUSH MEDICAL LABORATORIES
CHICAGO, ILLINOIS 60612 (312) 942-2378
DIRECTOR: ROBERT DE CRESCE, M.D.

CALL RESULTS TO: _____

FAX RESULTS TO: _____

PATIENT NAME (LAST) (FIRST)

MR#

BIRTHDATE

SEX M F
PLEASE USE BLACK INK

DIAGNOSIS (MANDATORY)
ICD-10 CODE or NARRATIVE _____

ALL INFORMATION MUST BE PROVIDED

COLLECTION DATE:	COLLECTION TIME:	A.M. P.M.
COLLECTED BY _____		
REQUESTING PHYSICIAN _____	PAGER # _____	
ANTIBIOTIC THERAPY _____		
<input type="checkbox"/> RESEARCH PATIENT NOT BILLED TO A FUND #, ENTER V70.7.		

THIS SECTION TO BE COMPLETED FOR OUTPATIENTS ONLY

<input type="checkbox"/> BILL PATIENT	<input type="checkbox"/> BILL INSURANCE	**ATTACH COMPLETED INSURANCE CLAIM FORM TO THIS REQ**
PATIENT ADDRESS _____	RESPONSIBLE PARTY (IF DIFFERENT THAN PATIENT) _____	SEX <input type="checkbox"/> M <input type="checkbox"/> F
CITY _____ STATE _____ ZIP CODE _____	ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____	
TELEPHONE _____ SOCIAL SECURITY # _____	TELEPHONE _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____	
EMPLOYER NAME _____ ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____	
INSURANCE PROVIDER _____ POLICY/MEMBER # _____	GROUP # _____ MEDICARE/MEDICAID # (CIRCLE ONE) _____ MEDICAID RECIPIENT # _____	
ORDERING PHYSICIAN _____	U.P.I.N. _____	
SEND ADDITIONAL REPORTS TO _____	ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____	

SPECIMEN COLLECTED IN OPERATING ROOM YES NO

NOTE: If federal reimbursement will be sought for the ordered services, physicians must only order those tests that meet Medicare requirements for medical necessity. Medicare generally does not cover routine screening tests.

BACTERIAL, MYCOBACTERIAL, FUNGAL CULTURES

SOURCE: BLOOD	SOURCE: GENITAL (Cont'd)	SOURCE: STOOL/RECTAL SWAB (Cont'd)
INDICATE SPECIFIC SOURCE	FUNGAL CULTURE & SMEAR [CXFS] 87102, 87206	OVA AND PARASITE EXAMINATION WITH TRICHROME STAIN (STOOL ONLY) (OUTPATIENTS OR WITHIN 3 DAYS OF HOSPITAL ADMISSION) 87177, 87207
<input type="checkbox"/> VENOUS/ARTERIAL	BETA <i>Streptococcus</i> GROUP B CULTURE [CXSB] 87081	<i>Microsporidium</i> 87207
<input type="checkbox"/> BONE MARROW	<i>Trichomonas</i> Antigen [TRIAG] 87808	<i>Cryptosporidium/Isospora/Cyclospora</i> 87207
CULTURE (2 CULTURES STRONGLY RECOMMENDED) [CXBL] 87040	<i>Chlamydia trachomatis/N. gonorrhoeae</i> PROBE (GEN-PROBE APTIMA TRANSPORT CONTAINER) [CTNG] 87491, 87591	
AFB CULTURE [CXABL] 87116	SOURCE: URINE	
FUNGAL CULTURE [CXFBL] 87103	INDICATE SPECIFIC SOURCE	
SOURCE: STERILE BODY FLUIDS		
INDICATE SPECIFIC SOURCE	<input type="checkbox"/> CYSTOSCOPIC/SUPRAPUBIC	
<input type="checkbox"/> CSF <input type="checkbox"/> PERITONEAL	<input type="checkbox"/> CATHETERIZED: <input type="checkbox"/> INDWELLING <input type="checkbox"/> STRAIGHT	
<input type="checkbox"/> DIALYSIS <input type="checkbox"/> SYNOVIAL	<input type="checkbox"/> VOIDED / MIDSTREAM	
<input type="checkbox"/> PLEURAL <input type="checkbox"/> OTHER _____	AEROBIC CULTURE 87086	SOURCE: WOUND
AEROBIC CULTURE & GRAM STAIN [CXAES] 87071, 87205	AFB CULTURE & SMEAR 87015, 87116, 87206	INDICATE SPECIFIC SOURCE
ANAEROBIC CULTURE [CXAN] 87075	ANAEROBIC CULTURE (CYSTOSCOPIC/SUPRAPUBIC) 87075	AEROBIC CULTURE & GRAM STAIN [CXAES] 87071, 87205
AFB CULTURE & SMEAR [CXAFS] 87116, 87206	FUNGAL CULTURE 87102, 87206	ANAEROBIC CULTURE [CXAN] 87075
<i>Cryptococcus</i> (CRYPTO AG) (CSF ONLY)* [CRYAG] 86403	<i>Histoplasma capsulatum</i> ANTIGEN 87999, 87385	AFB CULTURE & SMEAR [CXAFS] 87116, 87015, 87206
FUNGAL CULTURE & SMEAR* [CXFLS] 87102, 87206	<i>Legionella</i> URINE ANTIGEN [LEGAG] 87449	FUNGAL CULTURE & SMEAR [CXFS] 87102, 87206
SOURCE: IV CATHETER TIP		
INDICATE SPECIFIC SOURCE	SOURCE: STOOL/RECTAL SWAB	
CULTURE 87071	<i>C. difficile</i> Toxin (STOOL ONLY) [CDTX] 87324	CULTURE & GRAM STAIN [CXBRO] 87071, 87205
SOURCE: GENITAL		
INDICATE SPECIFIC SOURCE	CULTURE (OUTPATIENTS OR WITHIN 3 DAYS OF HOSPITAL ADMISSION)* [CXSTL] 87046	AFB CULTURE & SMEAR [CXAFX] 87116, 87015, 87206
AEROBIC CULTURE & GRAM STAIN [CXGES] 87071, 87205	CRYPTOSPORIDIUM/GIARDIA ANTIGEN (STOOL ONLY) [CGAG] 87328, 87329	FUNGAL CULTURE & SMEAR [CXFX] 87102, 87206
BACTERIAL VAGINOSIS SCREEN [BVSCR] 87205	<i>N. gonorrhoeae</i> (GC) [CXGC] 87081	<i>Legionella</i> CULTURE [CXLEG] 87070
AFB CULTURE & SMEAR [CXAFS] 87116, 87015, 87206	CULTURE ONLY (RECTAL SWAB ONLY)	<i>Pneumocystis</i> STAIN [SMPCP] 87015, 87281
VIRAL TESTING		
SOURCES	ROTAVIRUS ANTIGEN [ROTAG] 87425	SOURCE: SPUTUM/LEUKEN'S
<input type="checkbox"/> BLOOD <input type="checkbox"/> GENITAL <input type="checkbox"/> STOOL <input type="checkbox"/> OTHER _____	HIV RNA Quant [HIVQT] 87536	CULTURE & GRAM STAIN [CXSPU] 87071, 87205x2
<input type="checkbox"/> BODY FLUID _____ <input type="checkbox"/> URINE <input type="checkbox"/> RESPIRATORY _____	CMV DNA Quant - BLOOD [CMVQT] 87497	AFB CULTURE & SMEAR [CXAFX] 87116, 87015, 87206
RESPIRATORY VIRUS PCR [RESPN] 87632	NON-BLOOD [CMVQO] _____	FUNGAL CULTURE & SMEAR [CXFX] 87102, 87206
HCV RNA Quant [HCVQT] 87522	EBV DNA Quant - BLOOD [EBVQT] 87798	CYSTIC FIBROSIS PROTOCOL [CXCFR] 87071, 87205
HBV DNA Quant [HBVQT] 87517	NON-BLOOD [EBVQO] _____	SOURCE: THROAT
Herpes Simplex PCR [HSVQL] 87529x2	Parvovirus DNA Quant - SEND OUT 87799	BETA <i>Streptococcus</i> GROUP A* [CXNSA] 87430
Varicella Zoster PCR [VZVQL] 87798	BK Virus Quant - URINE [BKQTO] 87799	<i>N. gonorrhoeae</i> CULTURE ONLY [CXGC] 87081
RESPIRATORY SYNCYTIAL VIRUS ANTIGEN [RSVAG] 87420	BLOOD [BKQT] _____	CULTURE ONLY* [CXTHR] 87430, 87070
		CYSTIC FIBROSIS PROTOCOL [CXCFR] 87071, 87205

LABORATORY WILL AUTOMATICALLY PERFORM IDENTIFICATION AND SUSCEPTIBILITIES WHEN MEDICALLY INDICATED

OTHER TESTS: Please print legibly one test per line

REFLEX TESTING

BETA-*Streptococcus* GROUP A

If strep screen is negative, a culture is performed to rule out the presence of **beta-*Streptococcus* Group A** 87081

THROAT CULTURE

If strep screen is negative, a culture is performed to rule out the presence of beta-*Streptococcus* Groups A, C, and G, *Arcanobacterium haemolyticum*, and *Pseudomonas aeruginosa* (children less than 18 years) only. 87070

STOOL/RECTAL SWAB CULTURE

If *Salmonella* or *Shigella* is isolated, serogrouping is performed. 87045

If *Escherichia coli* O157:h7 is isolated, serotyping is performed. 87158

Additional pathogens 87046 each pathogen

Campylobacter antigen 87449

Serotyping 87147

FUNGAL CULTURE AND SMEAR

If cerebrospinal fluid (CSF) is submitted, a Cryptococcal antigen test is performed in lieu of a Fungal Smear. 86403

Chlamydia trachomatis / *N. gonorrhoeae* PROBE

If *Chlamydia trachomatis* / *N. gonorrhoeae* Probe is positive, a *Chlamydia trachomatis* probe and *N. gonorrhoeae* (GC) probe are performed. 87490, 87590

CRYPTOCOCCAL ANTIGEN

If positive, a titer will be determined. 86406

SPECIMEN PROCESSING/HANDLING

Tissue homogenization 87176

Concentration 87015

Mailing/handling 87999

IDENTIFICATION AND SUSCEPTIBILITY TESTING

When medically indicated, one or more of the following will be performed:

Aerobic Isolate Definitive Identification 87077

Serotyping, each antiserum 87147

Anaerobic Isolate Definitive Identification 87076

Yeast Isolate Definitive Identification 87106

Mold Isolate Definitive Identification 87107

Mycobacterial Isolate Definitive Identification 87118

Mycobacterial Isolate Identification/DNA Probe 87149

Mycobacterial Isolate Identification Direct Probe 87555 or 87560 or 87550

Microtiter MIC Panel 87186

Kirby-Bauer Susceptibility Testing 87184

E-Test Susceptibility Testing, each drug 87181

Beta-lactamase Susceptibility Testing 87185

Mycobacterial Susceptibility Macrobroth, each drug 87188

CPT CODES ARE SOLELY FOR INFORMATIONAL PURPOSES. CODES MAY VARY BY THIRD PARTY PAYORS.